
State:	Arkansas	Filing Company:	Companion Life Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	MMEM03GR12		
Project Name/Number:	MMEM03GR12/AR002140100001		

Filing at a Glance

Company:	Companion Life Insurance Company
Product Name:	MMEM03GR12
State:	Arkansas
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.001C Any Size Group - Other
Filing Type:	Form
Date Submitted:	08/20/2012
SERFF Tr Num:	CMLX-G128650597
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AR002140100001
Implementation	08/20/2012
Date Requested:	
Author(s):	SPI CompanionLife
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Companion Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: MMEM03GR12
Project Name/Number: MMEM03GR12/AR002140100001

General Information

Project Name: MMEM03GR12 Status of Filing in Domicile: Not Filed
Project Number: AR002140100001 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 08/20/2012
State Status Changed: 08/20/2012 Deemer Date:
Created By: SPI CompanionLife Submitted By: SPI CompanionLife
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Companion Life Insurance Company hereby files the attached amendatory endorsement to comply with the federal health care reform's Patient Protection and Affordable Care Act pertaining to Women's Preventive Services. This amendatory endorsement will be attached to our non-grandfathered major medical plans approved in your State. It will be attached to groups which renew on or after August 1, 2012 as well as for any new business.

This endorsement will not be submitted to our domiciliary state as we do not market major medical coverage in South Carolina.

Company and Contact

Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist
7909 Parklane Rd
Columbia, SC 29223-5666
vivian.frederic@companiongroup.com
803-735-1251 [Phone] 46777 [Ext]
800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company	CoCode: 77828	State of Domicile: South Carolina
7909 Parklane Rd, Suite 200	Group Code: 661	Company Type:
Columbia, SC 29223-5666	Group Name: Companion Life Insurance Company	State ID Number:
(803) 735-1251 ext. [Phone]	FEIN Number: 57-0523959	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

State: Arkansas **Filing Company:** Companion Life Insurance Company
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Product Name: MMEM03GR12
Project Name/Number: MMEM03GR12/AR002140100001

Company	Amount	Date Processed	Transaction #
Companion Life Insurance Company	\$50.00	08/20/2012	61809542

SERFF Tracking #:	CMLX-G128650597	State Tracking #:		Company Tracking #:	AR002140100001
State:	Arkansas	Filing Company:	Companion Life Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other				
Product Name:	MMEM03GR12				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2012	08/20/2012

State:	Arkansas	Filing Company:	Companion Life Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	MMEM03GR12		
Project Name/Number:	MMEM03GR12/AR002140100001		

Disposition

Disposition Date: 08/20/2012
Implementation Date:
Status: Approved-Closed
HHS Status: HHS Approved
State Review: Reviewed-No Actuary
Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendatory Endorsement for Women's Preventive Services	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Companion Life Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	MMEM03GR12		
Project Name/Number:	MMEM03GR12/AR002140100001		

Form Schedule

Lead Form Number: TPSI PPACA WPS							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/20/2012	TPSI PPACA WPS	POLA	Amendatory Endorsement for Women's Preventive Services	Initial:	40.400	TPSI PPACA WPS - TPSI Amendatory Endorsement.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223-5666

**AMENDATORY ENDORSEMENT
PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010
WOMEN'S PREVENTIVE SERVICES**

Notwithstanding anything in Your Policy or Certificate to the contrary, it is hereby understood and agreed that Your Policy or Certificate to which this Amendatory Endorsement is attached is amended as follows:

To ensure compliance with federal health care reform's Patient Protection and Affordable Care Act (the "Act") pertaining to Women's Preventive Services, including any amendments, regulations, rules or other guidance issued with respect to the Act, certain benefits, terms, conditions, limitations and exclusions in your Policy or certificate are being amended to comply with the Act. The following provisions apply under Your Policy or Certificate effective on [January 1, 2013] or Your coverage Effective Date whichever is later.

Women's Preventive Services

In addition to any other preventive screening services described in Your Policy or Certificate including any Riders attached thereto, we will cover the following preventive screening services for Insured/Covered Persons who are women, without regard to any cost-sharing requirements, such as Deductible, Copay or Coinsurance requirements that would otherwise apply. If You are covered under a PPO Network Plan, as shown on Your Schedule of Benefits, these services must be received from In-Network/Participating Providers to be covered unless otherwise specifically stated in Your Policy or Certificate:

1. Well-woman visits: benefits are payable for one well-woman preventive care visit per [Calendar Year][Benefit Year] for an adult woman to obtain the recommended preventive screening services that are age appropriate and developmentally appropriate, including preconception and one visit for prenatal care. This benefit does not include coverage for routine pregnancy, delivery and well-baby charges.

More than one visit may be needed to obtain all the recommended preventive screening services, depending on a woman's health status, health needs and other risk factors. Additional well-woman visits will be covered if the doctor determines they are necessary to help establish what preventive screening services are appropriate and to set up a plan to help the woman get the care she will need to be healthy.

For covered preventive screening services, Deductible, Copay and/or Coinsurance cost-sharing requirements may apply to the office visit if (a) the preventive screening service is billed separately from the office visit, or (b) the primary purpose of the office visit is other than the delivery of preventive screening services and the preventive screening service is not billed separately from the office visit.

For covered preventive screening services cost-sharing requirements will not be applied to the office visit if (a) the preventive screening service is not billed separately from the office visit and (b) the primary purpose of the office visit is the delivery of the preventive screening service.

As provided for in the Act's interim final regulations, for a recommendation or guideline for recommended preventive screening services or items that does not specify a frequency, method, treatment or setting for the provision of that service, We may use reasonable medical management to determine any coverage limitations. We may rely on established techniques and the relevant evidence base to determine the frequency, method, treatment, or setting for which a recommended preventive

screening service will be covered without cost-sharing requirements to the extent not specified in a recommendation or guideline.

2. Screening for gestational diabetes: benefits are payable for one screening for gestational diabetes for pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be high risk for diabetes. This benefit does not include coverage for routine pregnancy, delivery and well-baby charges.
3. Human papillomavirus testing: high-risk human papillomavirus DNA testing in women with normal cytology results. One screening is covered for females 30 years of age and over and will be covered no more frequently than once every 3 years.
4. Counseling for sexually transmitted infections: benefits are payable for one counseling session per [Calendar Year][Benefit Year] for counseling on sexually transmitted infections for all sexually active women.
5. Counseling and screening for human immune-deficiency virus: benefits are payable for one counseling session and screening per [Calendar Year][Benefit Year] for human immune-deficiency virus infection for all sexually active women.
6. Contraceptive methods and counseling: when prescribed by Your Physician, benefits are payable for all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity. This benefit does not include coverage for abortifacient drugs. Any exclusions under Your Policy or Certificate that excludes coverage for contraceptive drugs and devices, or tubal ligation for the purpose of voluntary sterilization, are deleted. Covered charges paid under the Prescription Medication Benefit Rider will not be covered under this benefit.
7. Breastfeeding support, supplies and counseling in conjunction with each birth: benefits are payable for comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period. Coverage includes the costs for the rental of breastfeeding equipment. This benefit does not include coverage for routine pregnancy, delivery and well-baby charges.
8. Screening and counseling for interpersonal and domestic violence: benefits are payable for one screening and counseling for interpersonal and domestic violence per [Calendar Year][Benefit Year].

Benefits paid under this Amendatory Endorsement will not be paid under Your Policy or Certificate including any Riders attached thereto pertaining to preventive screening services or other wellness benefits.

This Amendatory Endorsement is endorsed and made part of the Policy/Certificate to which it is attached. This Endorsement terminates concurrently with the date Your coverage under the Policy ends.

This Amendatory endorsement is subject to all provisions of the Policy/Certificate which are not in conflict with the provisions of this Endorsement. Nothing in this Endorsement will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Endorsement to be signed by its President.

COMPANION LIFE INSURANCE COMPANY



Trescott N. Hinton, Jr.
President

SERFF Tracking #:	CMLX-G128650597	State Tracking #:		Company Tracking #:	AR002140100001
State:	Arkansas	Filing Company:	Companion Life Insurance Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other				
Product Name:	MMEM03GR12				
Project Name/Number:	MMEM03GR12/AR002140100001				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
Readability Certificate - TPSI - Women's Preventive Services.PDF			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
PPACA_UniformComplianceSummary.PDF			



COMPANION LIFE INSURANCE COMPANY
7909 PARKLANE ROAD, SUITE 200, Columbia, South Carolina 29223-5666
P.O. Box 100102, Columbia, South Carolina 29202-3102
(803) 735-1251

READABILITY COMPLIANCE CERTIFICATION

TITLE OF FORMS: **Amendatory Emdorsement**
 Form Number: TPSI PPACA WPS

I hereby certify that the above referenced form produces a Flesch reading ease score as follows:

Flesch Index

Form TPSI PPACA WPS

40.4

I further certify that to the best of my knowledge and belief this form is in compliance with the NAIC Model Act regarding simplified and readable insurance policies.

Karl Kemmerlin
Vice President and CFO

Dated: August 20, 2012

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- ☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)
- ☒ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

[Reset Form](#)

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

[Reset Form](#)

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			
H16G	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			
H16G	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			
H16G	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: 1-2			
H16G	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			
H16G	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			
H16G	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			
H16G	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Not applicable to this endorsement.			
	Page Number:			